



Title VI Complaint Form

Section 1: Personal Information

Please fill in completely and legibly.

_____ Last Name	_____ Middle Initial	_____ First Name	
_____ Street Address	_____ City	_____ State	_____ Zip Code
_____ Telephone Number (including area code)		_____ Best day/time to call this number	
_____ Alternate Telephone Number (including area code)			
_____ Email Address			

Section 2: Information Supporting Discriminatory Act(s)

Please provide information identifying alleged discrimination and any additional information to support the claim (use additional pages as necessary and provide documentation supporting the allegation). The information must be filled in completely and legibly.

_____ Name of Person, Business, company, Department and/or other identified party
_____ Location where Discriminatory Act Occurred (Street Address, City, State, Zip Code)

_____ Witness #1 (Full Name and Street Address, City, State, Zip Code)

Witness #2 (Full Name and Street Address, City, State, Zip Code)

Complaints of discrimination must be filed within 180 days of the date of the alleged discriminatory act. If the alleged act of discrimination occurred more than 180 days ago, please explain your delay in filing this complaint.

Alleged discrimination was based on: (Please circle all that apply)

Race	Color	Age	Gender
National Origin	LEP	Disability	Ancestry
Retaliation	Religious Affiliation	Sexual Orientation	Gender Identity
Income Status	Other (Please Explain): _____		

Describe the alleged act(s) of discrimination (Attach additional documentation if necessary)

Please provide a specific location(s) where issues exist, and which prompted complaint.

Section 2: Witness #1 Description

Please provide a brief description of the relevant information that will help support this claim against alleged discriminatory act.

Please provide a specific location(s) where issues exist, and which prompted complaint.

Witness #1 contact information, please fill in completely and legibly.

Last Name		Middle Initial	First Name
Street Address		City	State Zip Code
Telephone Number (including area code)		Best day/time to call this number	
Alternate Telephone Number (including area code)			
Email Address			

Section 3: Witness #2 Description

Please provide a brief description of the relevant information that will help support this claim against alleged discriminatory act.

Please provide a specific location(s) where issues exist, and which prompted complaint.

Witness #2 contact information, please fill in completely and legibly.

Last Name		Middle Initial	First Name
Street Address		City	State Zip Code
Telephone Number (including area code)		Best day/time to call this number	
Alternate Telephone Number (including area code)			
Email Address			

Section 4: Additional Information

If you have any suggestions or would like to provide any helpful information in ways this can be changed to prevent future discriminatory acts, please provide us with your feedback.

Please sign and date this form.

Signature

Date

Mail or Scan/Email completed complaint form to:

City of West Lafayette
Attn: Title VI Program Manager
222 N. Chauncey Avenue
West Lafayette, Indiana 47906
dfoster@westlafayette.in.gov

Section 5: For Office Use Only

Date Complaint Received

Date Investigation Completed

Method of Contact (Phone, Mail, Email)

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Reviewed and Investigated by (Signature)

Date Investigation Completed